

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 10/30/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Compositions and Methods for Detecting and  
Treating Diseases and Conditions Related to  
Chemokine Receptors  
Attorney Docket Number:: 019934-003360US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 8  
Total Drawing Sheets:: 16  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Jennifer  
Middle Name:: M.  
Family Name:: Burns  
Name Suffix::  
City of Residence:: San Mateo  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3605 Casanova Drive  
City of Mailing Address:: San Mateo  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94403

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bretton  
Middle Name::  
Family Name:: Summers  
Name Suffix::  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 964 Adams St.  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity

Given Name:: Maureen  
Middle Name:: C.  
Family Name:: Howard  
Name Suffix::  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 12700 Viscaino Rd.  
City of Mailing Address:: Los Altos  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: J.  
Family Name:: Schall  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 563 Homer Ave.  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94301

### **Correspondence Information**

Correspondence Customer Number:: 20350

## Representative Information

Representative Customer Number:: 20350

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Non-provisional	60/434,912	12/20/02
and is also a	CIP	10/452,015	05/30/03
which is a	CIP	10/245,850	09/16/02
which is a	Non-provisional	60/338,100	11/30/01
and is a	Non-provisional	60/337,961	11/30/01

## Foreign Priority Information

Country::	Application number::	Filing Date::
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## Assignee Information

Assignee Name::	ChemoCentryx, Inc.
Street of mailing address::	1539 Industrial Road
City of mailing address::	San Carlos
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94070